Dayton Dandes
MEDICAL CENTER
Prioritizing your health!

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HIPAA Guidelines

Please list any of your family members that you give any employee or physician at Dayton-Dandes Medical Center the right to disclose any of your protected health information.

1. _____
2. _____
3. _____

Please list your current physician(s) that you give any employee or physician at Dayton-Dandes Medical Center the right to disclose any of your protected health information.

1. _____
2. _____
3. _____

I consent as evidenced by my signature in this document.

_____ _____

Signature of Patient or Legal Guardian Date

_____

Name of Patient or Legal Guardian